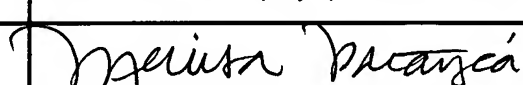
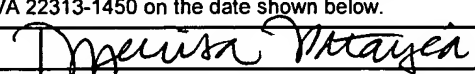
 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/006,963	
	Filing Date	12/5/2001	
	First Named Inventor	Krause, Curtis L.	
	Art Unit	1764	
	Examiner Name	Handal, Kaity V.	
Total Number of Pages in This Submission	20	Attorney Docket Number	00041-DV2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal; Patent Application Fee Determination Record (PTO/SP/06); Return Postcard
Remarks Should any fees be required, the Director is authorized to deduct said fees from Deposit Account No. 03-1620, referencing the Attorney Docket Number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Chevron Services Company (Customer No. 38393)		
Signature			
Printed Name	Melissa Patangia (Melissa.Patangia@chevron.com)		
Date	October 11, 2006	Reg. No.	52,098

CERTIFICATE OF TRANSMISSION/MAILING			
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